

The Department of Vermont Health Access Medical Policy

Subject: Orcipasmin (Jetrea ®)

Last Review: August 28, 2014

Revision 3:

Revision 2:

Revision 1:

Original Effective: August 28, 2014

Description of Service or Procedure

Orcipasmin (Jetrea ®) is a proteolytic enzyme indicated for the treatment of symptomatic vitreomacular adhesions.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

Orcipasmin (Jetrea ®) may be covered for beneficiaries:

- When Orcipasmin (Jetrea ®) is prescribed by a licensed medical provider enrolled in the Vermont Medicaid program who is knowledgeable in the use of Orcipasmin (Jetrea ®) and who provides medical care to the beneficiary AND
- Who meet the clinical guidelines below.



Coverage Guidelines

Orcipasmin (Jetrea ®) may be covered when the beneficiaries, per CMS (2013):

A single intravitreal injection of Ocriplasmin is considered medically necessary for treatment of an eye* with symptomatic vitreomacular adhesion (VMA) when all of the following criteria are met:

1. Individual's age is equal to or greater than 18 years;
2. Optical coherence tomography (OCT) demonstrates all of the following:
 - a. There is vitreous adhesion within 6-mm of the fovea (center of macula); and
 - b. There is elevation of the posterior vitreous cortex (outer layer of the vitreous).
3. Individual has best-corrected visual acuity of 20/25 or less in the eye to be treated with ocriplasmin;
4. Individual does not have any of the following:
 - a. proliferative diabetic retinopathy;
 - b. neovascular age-related macular degeneration;
 - c. retinal vascular occlusion;
 - d. aphakia;
 - e. high myopia (more than -8 diopters);
 - f. macular hole greater than 400 µm in diameter;
 - g. vitreous opacification;
 - h. lenticular or zonular instability;
 - i. history of retinal detachment in either eye;
 - j. prior vitrectomy in the affected eye;
 - k. prior laser photocoagulation of the macula in the affected eye.
 - l. prior treatment with ocular surgery, intravitreal injection or retinal laser photocoagulation in the previous 3 months;
 - m. patients with uncontrolled glaucoma.

*Note: For treatment of bilateral VMA, a waiting period of at least seven (7) days is recommended before treatment of the contralateral eye.

References

CMS, 2013, Medicare B News Issue 286, Jetrea ® (Ocriplasmin). Retrieved March 5, 2014, from: https://www.noridianmedicare.com/shared/partb/bulletins/2013/286_jun/Jetrea_-_Ocriplasmin.htm

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